

Memo

Date: _____

To: Licensing Division, State of Connecticut Insurance Department
P O Box 816, Hartford, CT 06142-0816

Re: Company Representatives Authorized as Signatories for Agent Appointments

As required by the Connecticut Insurance Department, our company would like to name the following individuals as representatives authorized to sign the application forms to appoint agents to our company. These names will replace any and all names currently authorized to appoint for:

COMPANY NAME: _____

CONNECTICUT COMPANY NUMBER: _____ **NAIC NUMBER:** _____

COMPANY OFFICER'S SIGNATURE: _____

	<u>Name</u>	<u>Title</u>	<u>Phone Number</u>
1.			
2.			
3.			
4.			
5.			